AMENDED IN SENATE JANUARY 12, 2012 AMENDED IN SENATE JANUARY 4, 2012 AMENDED IN SENATE MARCH 29, 2011

SENATE BILL

No. 694

Introduced by Senator Padilla

February 18, 2011

An act to repeal and add, add, and repeal Article 2 (commencing with Section 104750) of Chapter 3 of Part 3 of Division 103 of the Health and Safety Code, relating to dental care.

LEGISLATIVE COUNSEL'S DIGEST

SB 694, as amended, Padilla. Dental care.

Existing law requires the State Department of Public Health to maintain a dental program that includes, but is not limited to, development of comprehensive dental health plans within the framework of a specified state plan.

This bill would repeal these provisions and would provide for the creation of a Statewide Office of Oral Health within the State Department of Public Health with a licensed dentist who serves as the dental director. This bill would provide that no General Fund moneys shall be used to implement these provisions, but would authorize the state to accept other public and private funds for the purpose of implementing these provisions and would provide that these provisions become inoperative, as specified, if federal or private funds are not deposited with the state in an amount sufficient to fully support the activities of the office.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the 2 following:

- (a) Nationally and statewide, tooth decay ranks as the most common chronic disease and unmet health care need of children.
- (b) Poor dental health can disrupt normal childhood development, seriously damage overall health, and impair a child's ability to learn, concentrate, and perform well in school. In rare cases, untreated tooth decay can lead to death.
- (c) Unmet dental needs have significant human and financial costs. In 2007, it was estimated that California schools lost nearly thirty million dollars (\$30,000,000) in attendance-based school district funding due to 874,000 missed school days related to dental absences problems; and California's hospitals experienced over 83,000 emergency room visits for preventable dental problems at a cost of fifty-five million dollars (\$55,000,000).
- (d) With full implementation of the federal Patient Protection and Affordable Care Act (Public Law 111-148), approximately 1.2 million additional children in California are expected to gain dental coverage.
- (e) The burden of oral disease can be markedly decreased through early intervention, including education, prevention, and treatment. Effective prevention reduces the need for costly treatment of advanced dental disease.
- (f) To address this unmet need, a comprehensive coordinated strategy is necessary, at the foundation of which is a strong state oral health infrastructure to coordinate essential public dental health functions, including assessing need and capacity to address that need.
- 29 SEC. 2. Article 2 (commencing with Section 104750) of 30 Chapter 3 of Part 3 of Division 103 of the Health and Safety Code 31 is repealed.
- 32 SEC. 3. Article 2 (commencing with Section 104750) is added 33 to Chapter 3 of Part 3 of Division 103 of the Health and Safety 34 Code, to read:

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Article 2. Statewide Office of Oral Health

- 104750. (a) There shall be a Statewide Office of Oral Health within the State Department of Public Health.
- (b) Within the office there shall be a licensed dentist who serves as the dental director.
- (c) The dental director and his or her staff shall have all of, but not be limited to, the following responsibilities:
 - (1) Advancing and protecting the oral health of all Californians.
- (2) Developing a comprehensive and sustainable state oral health action plan to address the state's unmet oral health needs.
- (3) Encouraging private and public collaboration to meet the oral health needs of Californians.
- (4) Securing funds to support infrastructure and statewide and local programs.
- (5) Promoting evidence-based approaches to increase oral health literacy.
- (6) Establishing a system for surveillance and oral health reporting.
- (d) The state may accept public funds and private funds for the purpose of implementing this article.
- (e) (1) The office shall be established pursuant to this section only after a determination has been made by the Department of Finance that federal or private funds in an amount sufficient to fully support the activities of the office, including staffing the office, have been deposited with the state.
- (2) If the Department of Finance makes a determination that the amount of federal or private funds deposited with the state is not sufficient to support the activities of the office, it is the intent of the Legislature that this section become inoperative.
- (2) No General Fund moneys shall be used to fund this section. Moneys to fund the office shall be secured from other public or private sources. If the Department of Finance makes a determination that the amount of federal or private funds deposited with the state is not sufficient to support the activities of the office, it is the intent of the Legislature that this section become inoperative.
- (f) (1) If the office is established pursuant to this section, the office shall assume responsible responsibility for identifying and

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securing funding sources in order to maintain the functions of the office.

- (2) If the office does not secure sustainable funding sources to maintain the activities of the office pursuant to paragraph (1), this section shall become inoperative on January 1, 2016.
- 104751. (a) The Legislature finds and declares that, as part of a comprehensive integrated system of dental care, with the dentist as the head of that system, additional dental providers who provide basic preventive and restorative oral health care to underserved children, located at or near where children live or go to school, may have the potential to reduce the oral health disease burden in the population most in need.
- (b) The office-shall may design and implement a scientifically rigorous study to assess the safety, quality, cost-effectiveness, and patient satisfaction of irreversible dental procedures performed by traditional and nontraditional providers for the purpose of informing future decisions about scope of practice changes in the dental workforce that include irreversible or surgical procedures. The research parameters of the study shall include public health settings, multiple models of dentist supervision, multiple pathways of education and training, and multiple dental providers, including dentists and nondentists.
- (c) The dental director shall convene an advisory group on study design and implementation.
- (d) The dental director shall provide input regarding study design and implementation, receive all study data and reports, and develop a report and recommendations to be submitted to the Legislature based on the study findings.
- (e) (1) There shall be no General Fund moneys used to implement this section. Moneys to fund the study, including analysis and findings, shall be secured from other public or private sources.
- (2) All procedures administered by providers during the study shall be paid for by private or federal funds. No General Fund moneys shall be used to fund procedures performed as part of the study.
- (f) In the event that the study described in this section is not sufficiently funded and commenced by January 1, 2014, this section shall become inoperative on January 1, 2014.

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- 1 104752. This article shall become inoperative on January 1,
- 2 2016, and as of that date is repealed, unless a later enacted statute,
- 3 that is enacted before January 1, 2016, deletes or extends that
- 4 date.